

Youth Ball Registration Form

Mt. Vernon Parks & Recreation Department
2011 Summer – Youth Ball

Return this form to the Parks & Rec. Dept., 118 Main St., [P.O. Box 324] Mt. Vernon, IN 47620 - office located above the Community Center/Skating Rink. Office hours are 8:00 am - 12 noon & 12:30 - 5:00 pm Monday through Friday.

Deadline: Friday, April 15th at 5:00 pm. **NO FORMS WILL BE ACCEPTED AFTER April 15th**
League play will begin May 31st.

Name _____ D.O.B. _____ Age **as of** 4-30-2011 _____ Gender: M F

Address _____ Phone _____

| <u>Program (circle one)</u> | <u>Ages</u> | <u>DOB</u> | <u>Fees</u> | <u>Additional Child</u> |
|-----------------------------|-------------|----------------|-------------|-------------------------|
| Intro to T-ball | 4 yrs old | 5/1/06-4/30/07 | \$25 | \$15 |
| Boys & Girls T-Ball | 5 - 6 yrs | 5/1/04-4/30/06 | \$25 | \$15 |
| Boys Pitching Machine | 7 - 8 yrs | 5/1/02-4/30/04 | \$35 | \$20 |
| Girls Pitching Machine | 7 - 10 yrs | 5/1/00-4/30/04 | \$35 | \$20 |

***Note: Leagues may have to be combined or canceled, depending upon the number of registered participants.**

***Requests for certain teams and individuals may not be granted.**

Please indicate shirt size: YS YM YL S M L XL

PARENT PERMISSION:

(Both parents must sign this permission form. If only one parent is available to sign, the parent signing must assume complete and absolute responsibility as set forth below)

We/I hereby grant permission for my child _____ to participate in the: Youth Baseball/Softball Program.

We/I represent that my child is physically fit and suffers from no health issue which would prevent him/her from participating in this activity. We/I will assume all responsibility and obligation for my child in case of injury or accident sustained during participation in this program. We/I release and hold harmless the Mt. Vernon Parks & Recreation Board, Metropolitan School District of Mt. Vernon, employees of the Mt. Vernon Parks Board, and all other paid and volunteer personnel from any and all liability, loss, damage, injury which may result or occur during the course of this sports program. We/I give permission for the Mt. Vernon Park & Recreation Department to use individual photographs and team photographs as the department sees fit, including but not limited to, print and internet publication. We/I will work together with the Mt. Vernon Park & Recreation Department and all persons involved in this sports program to build a fine program for all of the youths involved

Date Parent Signature Printed Name

Date Parent Signature Printed Name

Phone #s h) _____ w) _____ emergency) _____ Email _____
(P&R use only)

We encourage everyone to volunteer regardless of their knowledge of the sport. The success of the program depends upon the volunteers. The more volunteers - the more opportunities your child will have.

Will you: Coach? yes no Assist Coach? yes no Coach Shirt Size: S M L XL

Rec. # _____ Date _____ TB or PM By _____